

Use of more than one child at a birth, a SEPARATE RETURN must be made for each, and the return of each.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 148

County Registrar No.

Local Registrar No. 70

1. County of Gila

District of

Town of Miami

or

City of

No. 1018 Pine Oak St. (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Manuel Paoul Zepeda

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

Male To be answered ONLY in event of plural births.

4. Twin, triplet or other

5. Legitimate?

7. Date of birth Feb. 14, 1927. Month day year

6. No., in order of birth

yes

8. FATHER

Full name Pedro Zepeda

9. Residence (Usual place of abode) Miami

If nonresident, give place and state Arizona

10. Color or race

Mex.

11. Age at last birthday 29 (Years)

12. Birthplace (city or place) Chihuahua (State or country) Mex.

13. Occupation

Nature of industry Miner

14. MOTHER

Full maiden name Isabelle Dominguez

15. Residence (Usual place of abode) Miami

If nonresident, give place and state Arizona

16. Color or race

Mex.

17. Age at last birthday 26 (Years)

18. Birthplace (city or place) Chihuahua (State or country) Mex.

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 1
(b) Born alive but now dead
(c) Stillborn

21. Were precautions taken against phthalic neonatorum?

Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 1 A. M. on the date above stated.

(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

Given name added from a supplemental report

Signature Cyril M. Brown M.D.

(Physician or midwife)

Address Miami, Arizona

Filed Feb 7, 1927

Local Registrar.

Month, day, year.

Registrar.

Filed 19

County Registrar.

491-214-949